

## PART B - FEE(S) TRANSMITTAL

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|     | appropriate. All further co<br>indicated unless corrected<br>maintenance fee notificatio                                                                                                                                                                                                                                                                                                                                                           | rrespondence including the<br>below or directed otherwise<br>ns.                                                                                   | Patent, advance or in Block I, by (a                                                     | JE FEE and ders and not ) specifying                                                                                                                                                                                                                                                                                     | PUBLICATION FEE (if requification of maintenance fees a new correspondence address                                                                                                                                                                                                            | uired). Blocks 1 through 5 s<br>will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                                                                               | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for                                                          |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
|     | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  6449 7590 06/20/2005                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | ROTHWELL, FIGG, ERNST & MANBECK, 1425 K STREET, N.W. SUITE 800 WASHINGTON, DC 20005                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                          | \                                                                                                                                                                                                                                                                                                                        | Ce                                                                                                                                                                                                                                                                                            | rtificate of Mailing or Transmission his Fee(s) Transmittal is being deposited with the United with sufficient postage for first class mail in an envelope I Stop ISSUE FEE address above, or being facsimile TO (703) 746-4000, on the date indicated below. |                                                                                                                                            |  |
| 09/ | 20/2005 MBEYENE2 0000                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    | 4 1 6 2005                                                                               | <u>ال</u> ع                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                         |  |
|     | FC:1501 1400.00<br>FC:8001 15.00                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               | (Signature)                                                                                                                                |  |
|     | APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                    | FILING DATE                                                                                                                                        | TA THADE                                                                                 | FIRST NAME                                                                                                                                                                                                                                                                                                               | D INVENTOR                                                                                                                                                                                                                                                                                    | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                           | CONFIRMATION NO.                                                                                                                           |  |
|     | 10/070,244                                                                                                                                                                                                                                                                                                                                                                                                                                         | 06/06/2002                                                                                                                                         | Alberto Gallardo Ruiz                                                                    |                                                                                                                                                                                                                                                                                                                          | allardo Ruiz                                                                                                                                                                                                                                                                                  | 1604-130                                                                                                                                                                                                                                                      | 4577                                                                                                                                       |  |
|     | TITLE OF INVENTION: NEW BIOCOMPATIBLE POLYMER SYSTEMS CARRYING TRIFLUSAL OR HTB                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                                                                                       | ISSUE F                                                                                  | EE                                                                                                                                                                                                                                                                                                                       | PUBLICATION FEE                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                              | DATE DUE                                                                                                                                   |  |
|     | nonprovisional NO                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    | \$1400                                                                                   |                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                           | \$1400                                                                                                                                                                                                                                                        | 09/20/2005                                                                                                                                 |  |
|     | EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                               | EXAMINER                                                                                                                                           |                                                                                          | ΙΤ                                                                                                                                                                                                                                                                                                                       | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                | ]                                                                                                                                                                                                                                                             | •                                                                                                                                          |  |
|     | AZPURU, CARLOS A                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    | 1615                                                                                     |                                                                                                                                                                                                                                                                                                                          | 424-400000                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                       |                                                                                                                                                    |                                                                                          | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Rothwell, Figs, Ernst & Manbeck  2 |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | 3: ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  † PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                          |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               | locument has been filed for                                                                                                                |  |
|     | J. Uriach & Cia, S.A.                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                          | Palau-Solita i Plégamans, Spain                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | 4a. The following fce(s) are                                                                                                                                                                                                                                                                                                                                                                                                                       | enclosed:                                                                                                                                          | 4b                                                                                       | . Payment of                                                                                                                                                                                                                                                                                                             | * /                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | Issue Fee Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                          | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                          | Deposit Acc                                                                                                                                                                                                                                                                                                              | count Number02-2131                                                                                                                                                                                                                                                                           | (enclose an èxtra c                                                                                                                                                                                                                                           | opy of this form).                                                                                                                         |  |
|     | 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. |                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |                                                                                                                                            |  |
|     | Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                               | arrana G                                                                                                                                           | EMOT                                                                                     |                                                                                                                                                                                                                                                                                                                          | Date <u> </u>                                                                                                                                                                                                                                                                                 | paemou 16,                                                                                                                                                                                                                                                    | 2005                                                                                                                                       |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Barbara G. Er                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               | No. 30, 344                                                                                                                                                                                                                                                   |                                                                                                                                            |  |
|     | This collection of information an application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virg Alexandria, Virginia 22315                                                                                                                                                                                                                                                                         | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT is for reducing this burden, slinia 22313-1450. DO NOT 1450. | 11. The information 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR C | n is required<br>1.14. This co<br>depending u<br>Chief Infon<br>COMPLETE                                                                                                                                                                                                                                                 | to obtain or retain a benefit by<br>llection is estimated to take 12<br>pon the individual case. Any c<br>mation Officer, U.S. Patent and<br>D FORMS TO THIS ADDRES                                                                                                                           | the public which is to file (an<br>minutes to complete, includir<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner                                                                                                     | d by the USPTO to process).  In gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

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